

Division of Vehicles
915 SW Harrison St.
Topeka, KS 66612



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Nick Jordan, Secretary
Lisa Kaspar, Director

Sam Brownback, Governor

**DIVISION OF VEHICLES
DRIVER LICENSE VOLUNTARY SURRENDER**

I, _____, Driver License Number _____

D.O.B. _____ voluntarily surrender my driving privilege. I understand that

I cannot apply for a new license for at least 90 days from today's date. When I wish to reapply for a driver

license, I understand that I must submit a written request that includes my current mailing address to:

Driver Improvement

PO Box 12021

Topeka, KS 66612-2021

_____ I hereby surrender my valid driver license. I understand that it will be forwarded to the
Division of Vehicles, Driver Improvement Bureau.

_____ My valid driver license is not in my possession. I understand that effective today; I no
longer have the privilege to drive.

Signature of License holder

Date of Surrender

Examiner Signature

Note: You cannot voluntarily surrender a license if your privileges are or will be suspended/revoked. Effective 07/01/2008, our office will no longer return the driver license upon request following the voluntary surrender period. You must visit your local Driver License Exam station or County Treasurer.